

Qty Purchase Agreement QPA Number	Page
00000000000000000000000010429	1 of 2
Requisition Nbr.: ASA8-8-14	
Effective Date: 12/01/2007	
Expiration Date: 11/30/2008	
Agency Number:	
Facility:	
Vendor Federal ID: 364184946	
Vendor Telephone Nbr: 800-323-9100	
Name Of Contact Pers: MICHAEL D. HUIRAS	
FAX Number: 847-938-7539	

Name and Address of Vendor: ABBOTT LABORATORIES INC
Cntct: MICHAEL D. HUIRAS
D943 AP6C
ONE ABBOTT PARK RD
ABBOTT PARK IL 60064-3500

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

The Vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration of the QPA but issued prior to the expiration date. The quantity listed herein is an estimate of the requirements. The state may order substantially more or substantially less pursuant to the terms of this agreement.

Orders are to be delivered only upon receipt of properly approved Quantity Purchase Award Release.

State Form 9955(R9/8-02)-Electronic Version-Approved by State Board Of Accounts, 2002

Quantity Purchase Agreement With The State Of Indiana

Vendor ABBOTT LABORATORIES INC
Remit to: D943 AP6C
ONE ABBOTT PARK RD
ABBOTT PARK IL 60064-3500

Name and Address of Vendor: ABBOTT LABORATORIES INC
Cntct: MICHAEL D. HUIRAS
D943 AP6C
ONE ABBOTT PARK RD
ABBOTT PARK IL 60064-3500

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Line Number	Quantity	UNIT	Article and Description	Unit Price
		Minimum 3 Months.		
19	5.00	KT 000000000100001893	Kit,Core-M,Controls	97.0000
20	20.00	KT 000000000100001894	Kit,Havab-M,Assay,A Microparticle Enzyme Immunoassay for the Qualitative Detection of IgM Antibody to Hepatitis A Virus in Human Serum, FDA Approved, Minimum Shelf Life of 3 Months	630.0000
21	5.00	BX 000000000100001901	Cuvettes	9.5000
22	6.00	BX 000000000100001900	Cell,Blank	24.5000
23	6.00	EA 000000000100001899	Solution,Cleaning,Probe,100ml/Vial	19.5000
24	10.00	CS 000000000100001902	Buffer,Diluent,MEIA	39.5000
25	3.00	CS 000000000100004056	Paper,Thermal	97.0000
26	12.00	KT 000000000100039174	AuszymeMonoclonal 1000bead test kit;Catalog#1980-71;1000/kit	1,750.0000
27	10.00	KT 000000000100039175	HCV 2.0 EIA-Abbott Catalog #4A14-71, 1000/kit	5,330.0000

The following UN/CEFACT Unit of Measure Common Codes are used in this document:

BX	Box
CS	Case
EA	Each
KT	Kit

Signature of Purchasing Officer	Typed Name	Signature Of Approval Office Of the State Attorney General	
	Date Signed	Typed Name	Date Signed
Authorized Signature	Indiana Department of Administration Procurement Division 402 West Washington Street, Rm W468 Indianapolis, Indiana 46204 Telephone: (317) 232-3053	STEPHEN CARTER	12-3-07